**New Jersey Department of Health**
**Vaccines for Children Program**
**PO Box 369**
**Trenton, NJ 08625-0369**
**Phone: 609-826-4862 Fax: 609-826-4868**
**Email: VFC@doh.nj.gov**

**Vaccines for Children (VFC) Program**

# PATIENT ELIGIBILITY SCREENING RECORD

*A record of all children 18 years of age or younger who receive immunizations must be kept in the health care provider's office for 3 years or longer depending on state law. The record may be completed by the parent, guardian, individual of record, or by the health care provider. VFC eligibility screening and documentation of eligibility status must take place with each immunization visit to ensure the child's eligibility status has not changed. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine. Providers using a similar form (paper-based or electronic) must capture all reporting elements included in this form.*

1. Child's Name: _____
   *(Last Name)* *(First Name)* *(MI)*

2. Child's Date of Birth: ___ ___ / ___ ___ / ___ ___ ___ ___

3. Parent/Guardian/Individual of Record: _____
   *(Last Name)* *(First Name)* *(MI)*

4. Primary Provider's Name: _____
   *(Last Name)* *(First Name)* *(MI)*

5. To determine if a child (0 through 18 years of age) is eligible to receive federal vaccine through the VFC program, at each immunization encounter/visit, enter the date and mark the appropriate eligibility category. *If Column A-D is marked, the child is eligible for the VFC program. If Column E, F or G is marked, the child is not eligible for federal VFC vaccine.*

| Date | ELIGIBLE FOR VFC VACCINE | | | | NOT ELIGIBLE FOR VFC VACCINE | | |
|---|---|---|---|---|---|---|---|
| | A | B | C | D | E | F | G |
| | Medicaid Enrolled | No Health Insurance | American Indian or Alaskan Native | *Underinsured | Has health insurance that covers vaccines | **Other Underinsured | ***Enrolled in NJ FamilyCare Plan B, C or D (CHIP) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

* *Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance. In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC).*

** *Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider is not a Federally Qualified Health Center.*

*** *Children enrolled in NJ FamilyCare Plans B, C and D are in the Children's Health Insurance Program (CHIP). These children are considered insured and are not eligible for vaccines through the VFC program.*